

Work Order ID 93209

\*93209\*

Page 1

November-15-12 9:24:05 AM

Item ID: 647.9017

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Doubler

Stop

\*NS2\*

Start Date: 11/15/12 Start Qty: 60.00

\*60\*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 60.00

\*60\*

Customer:

Reference:

Approvals: Process Plan: MLD

Date: 12-11-12 Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
110		0.00							
*110*									
Waterjet									
FLOW CNC Waterjet									
2024. 663									
	Memo	0.00							
	1-Cut as per Dwg								
	Dwg Rev: M1								
	Prog Rev: M1								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
*120*									
QC	Memo	0.00							
Quality Control									

(1)

B12-11-19

(a)

B12-11-18

NCR:  Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: JKL Date: 13/05/23  
 QA Closed: CK Date: 13/5/23

Work Order: <u>93209</u>	DISPOSITION			AGAINST DEPARTMENT/PROCESS				
Part No. <u>647.9017</u>	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input checked="" type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. <u>13-21el44</u>	Scrap <input checked="" type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	10/12/22	H	110	parts deep move on the washers got Q11 ① RC mishandling by operator	DAS 07/05/22 R10/22	Destroyed part No place where can	DAS 15 8-89 12/11/22	DAS 15 8-89 12/11/22	
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

Landing Gear	General			
Bending	Bend	Grain	Ovalized	Pressure/Forced
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled
Cuffs	Contamination	Maintenance	Part Moved	
Heat Treat	Countersink	Mislabeled	Positioned Wrong	
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge	
Ripples in Bend	Drill Holes	Offset		
Torque Waves in Extrusion	Drawing	Out of Calibration		
Turning Sequence	Finish	Out of Sequence		
Wave/Twist in Tube	Folio	Outside Dimensions		



NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

Work Order ID 93209

\*93209\*

Page 5

November-15-12 9:24:05 AM

Item ID: 647.9017

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Doubler

Start Date: 11/15/12 Start Qty: 60.00

\*60\*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 60.00

\*60\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

13/5/2180

\*220\*

QC

Quality Control

Memo

0.00

10/13/82

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

# Picklist Print

November-15-12 9:24:05 AM

Page 1

Work Order ID: 93209  
Parent Item: 647.9017 Start Date: 11/15/12 Required Date: 12/07/12  
Parent Item Name: Doubler Start Qty: 60.00 Required Qty: 60.00

Comments: IPP REV: A 12.11.01 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063 2024-T3 .063 sheet		Purchased	No			110	sf	244.4200	0.045	2.8421053	6	Bi2-11-19	

Location	Loc Qty	Loc Code
MAT022	244.42	
119916	0.1	
121197	16.32	
123654	36	
123701	192	123701

(17)

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Ovalized	Pressure/Forced		
Centre Not Concentric to O/S				BOM/Route				Over/Under tolerance	Temperature/Cure		
Cracks				Broken/Damaged				Part Incorrect	Weld		
Crushed/Crimped.				Burrs				Part Lost/Missing	Wrong Stock Pulled		
Cuffs				Contamination				Part Moved			
Heat Treat				Countersink				Positioned Wrong			
Inspection Strip in Tube				Cut Too Short				Power Loss/Surge			
Ripples in Bend				Drill Holes							
Torque Waves in Extrusion				Drawing							
Turning Sequence				Finish							
Wave/Twist in Tube				Folio							
				Grain							
				Hardware							
				Inspection Incomplete							
				Instructions Incomplete/Unclear							
				Maintenance							
				Mislabeled							
				Misread							
				Offset							
				Out of Calibration							
				Out of Sequence							
				Outside Dimensions							

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03266			SHEET 1 OF 2	
	DWG NO. 647.9000	REV: N/C	PREPARED BY A. QUAN	DATE: 11/15/11	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
	DWG TITLE: SHEETMETAL				
	APPROVED BY:	ENGR: <i>P. Brown</i>	MFG: <i>D. S. B.</i>	QC: <i>M. Lynn</i>	EFF: CURRENT ORDER AND STOCK
	TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: REVISED 647.9014 MATERIAL, REVISED DIMENSIONS OF P/N 647.9012			

**SHEET 1, NOTES:**

NOTES: UNLESS OTHERWISE SPECIFIED

1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;  
PRETREAT PR-148 ADHESION PROMOTER, PRIME IAW MIL-P-23377J, TYPE I, CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120, LASER ETCH P/N AND REVISION 12PT. CENTURY GOTHIC.
5. ALL DIMENSIONS SHOWN PRIOR TO FINISH.

6 PART DIMENSIONS CONTROLLED BY CAD MODEL; FILE NAME: 647.9016 DOUBLER.SLDPRT-LAST MODIFIED 06-29-10

7. INSPECTION DIMENSIONS SHOWN WITH FINISH APPROX. 3-5 MIL MAX PER FACE.

8 MATERIAL: 304SS IAW AMS 5643

9 FINISH: PRIME IAW MIL-P-23377J, TYPE I, CLASS N

SHOP COPY

RELEASATO

ENGINEERING

UNCOMPLETED COPY

SUBJECT TO AMENDMENT

WITHOUT NOTICE

WORK ORDER

No. 93209.MCS

12-11-16

IS

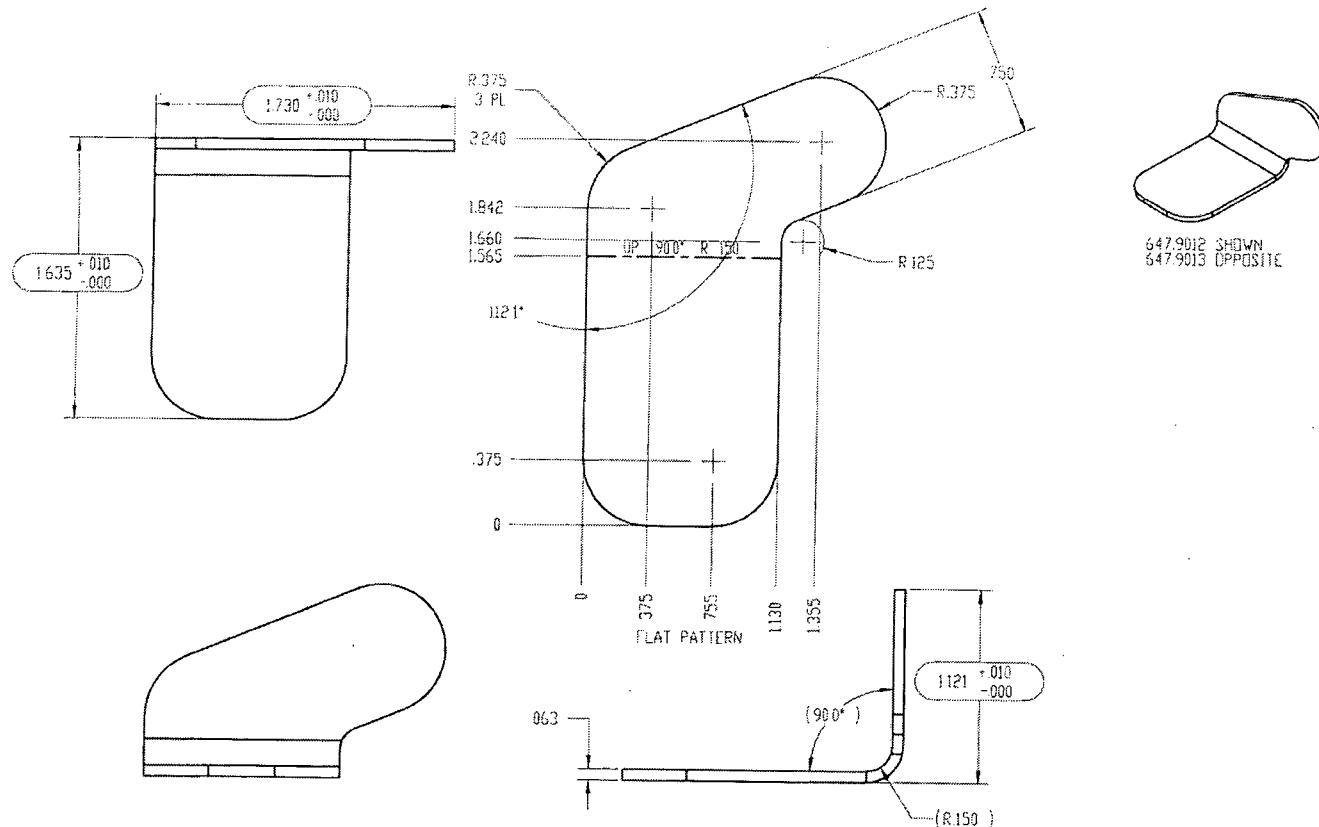
S	R	647.9014		STRUT BRACKET	8	9
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

93209

APICAL INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03266

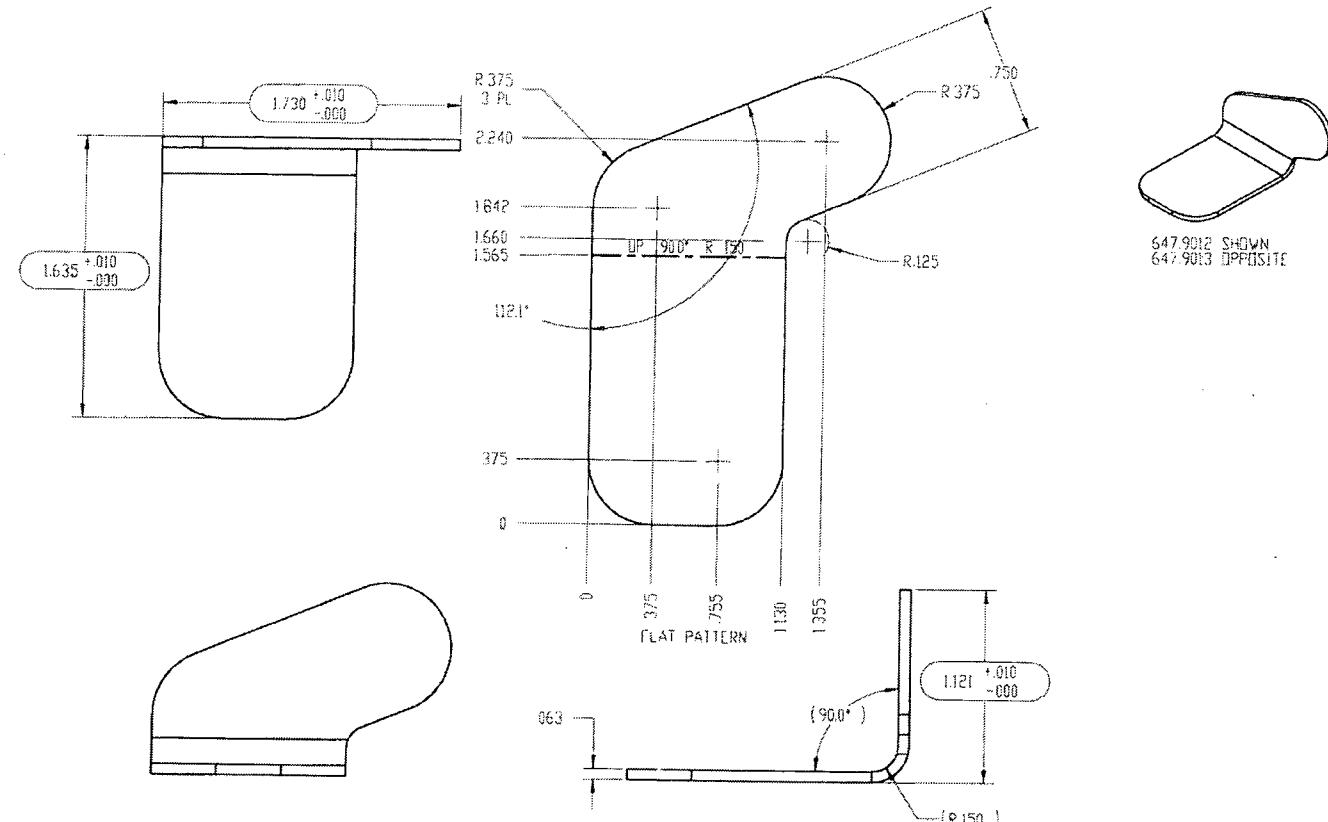
SHEET 3 OF 2

SHEET 3, IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION

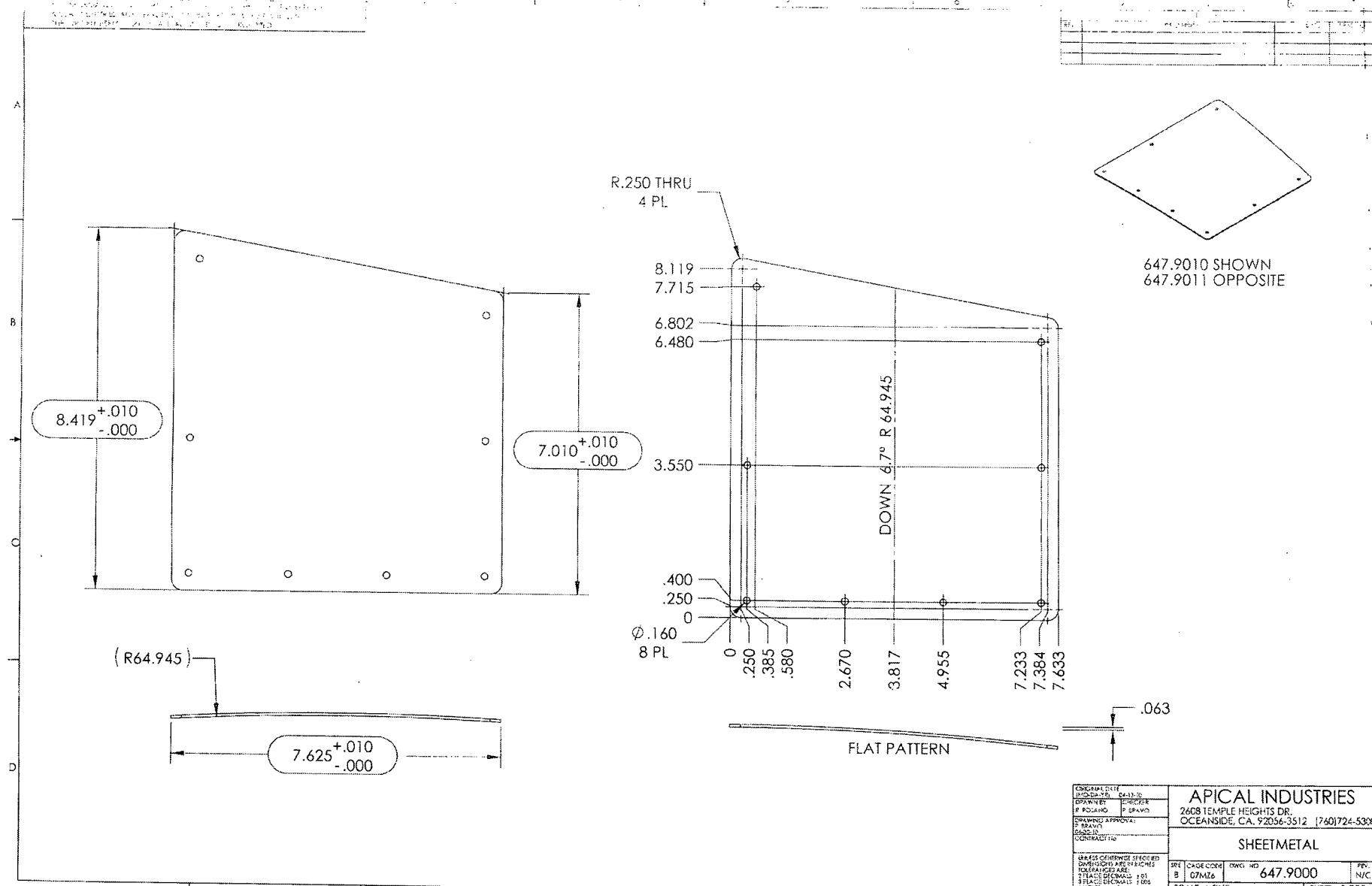
93209

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03213				SHEET 1 OF 1	
	DWG NO. 647.9000	REV: N/C	PREPARED BY A. QUAN	DATE: 11/09/11		EFFECT ON DWG
	DWG TITLE: SHEETMETAL					<input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
	APPROVED BY: ENGR: <i>[Signature]</i>	MFG: <i>David Parker</i>	QC: <i>Mauri Lynn</i>	EFF:		CURRENT ORDER AND STOCK
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: REVISED 647.9013 DIMENSIONS				

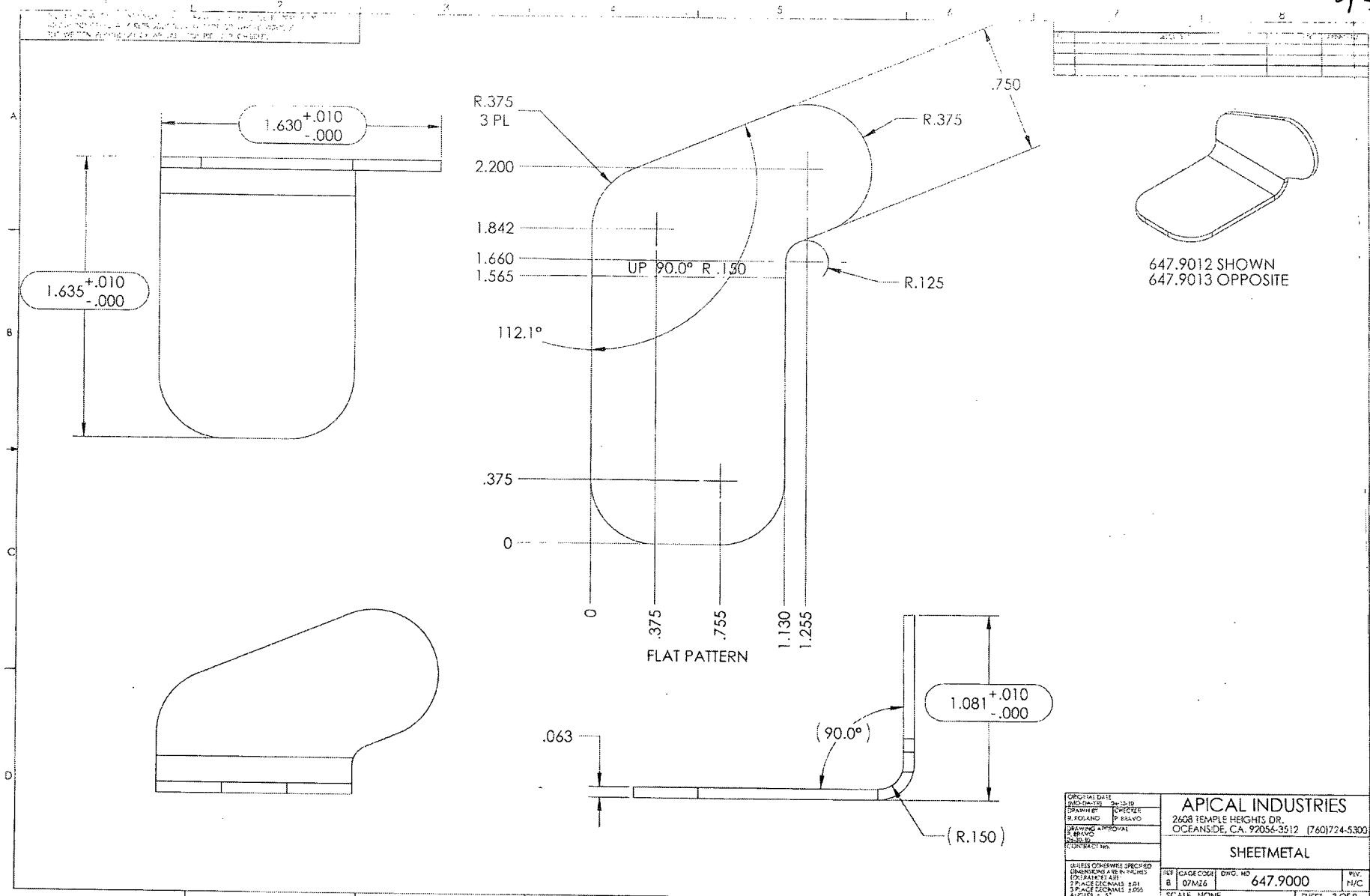
**SHEET 3, IS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:						
				<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	<input type="checkbox"/> CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

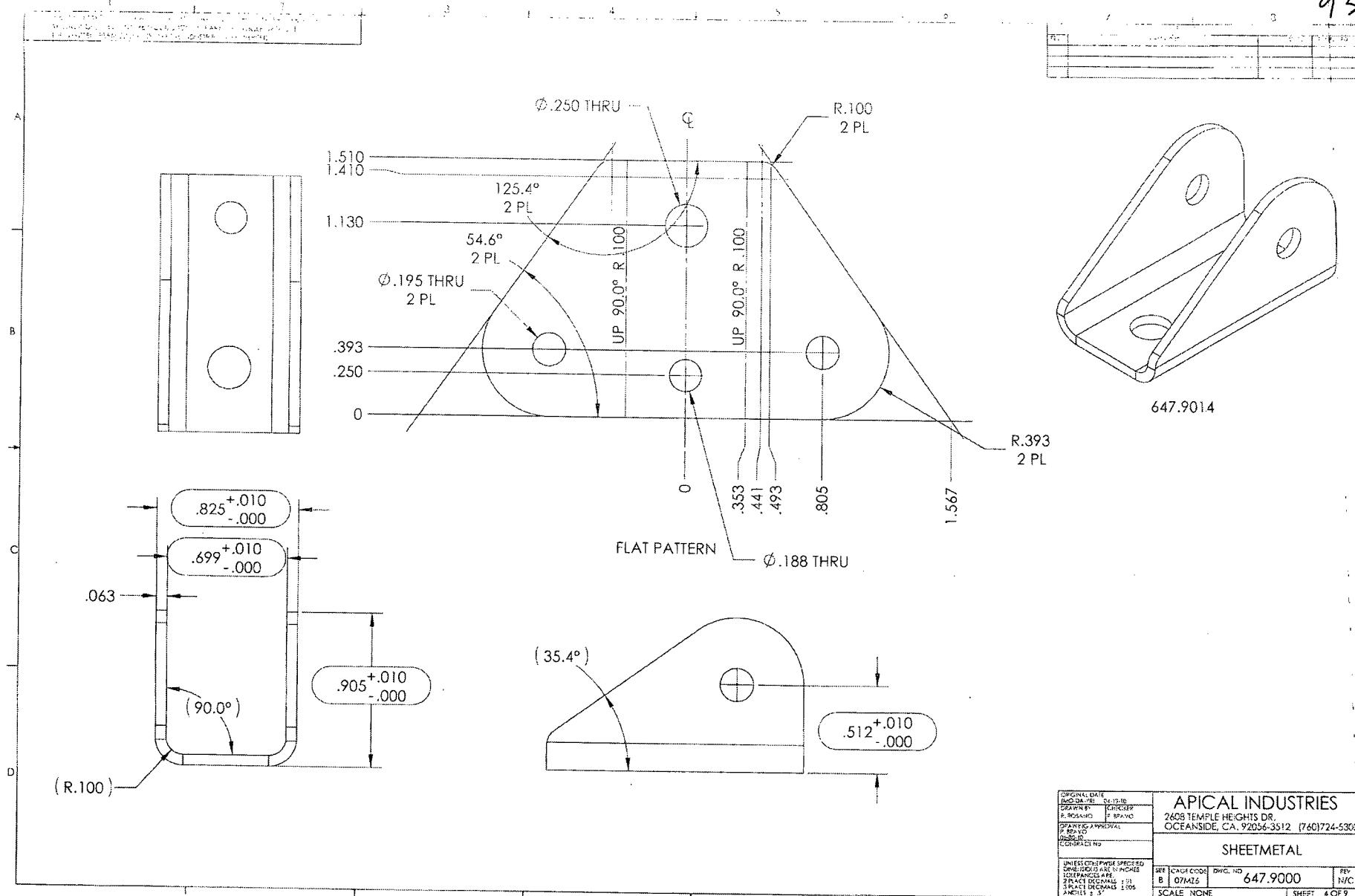
93209

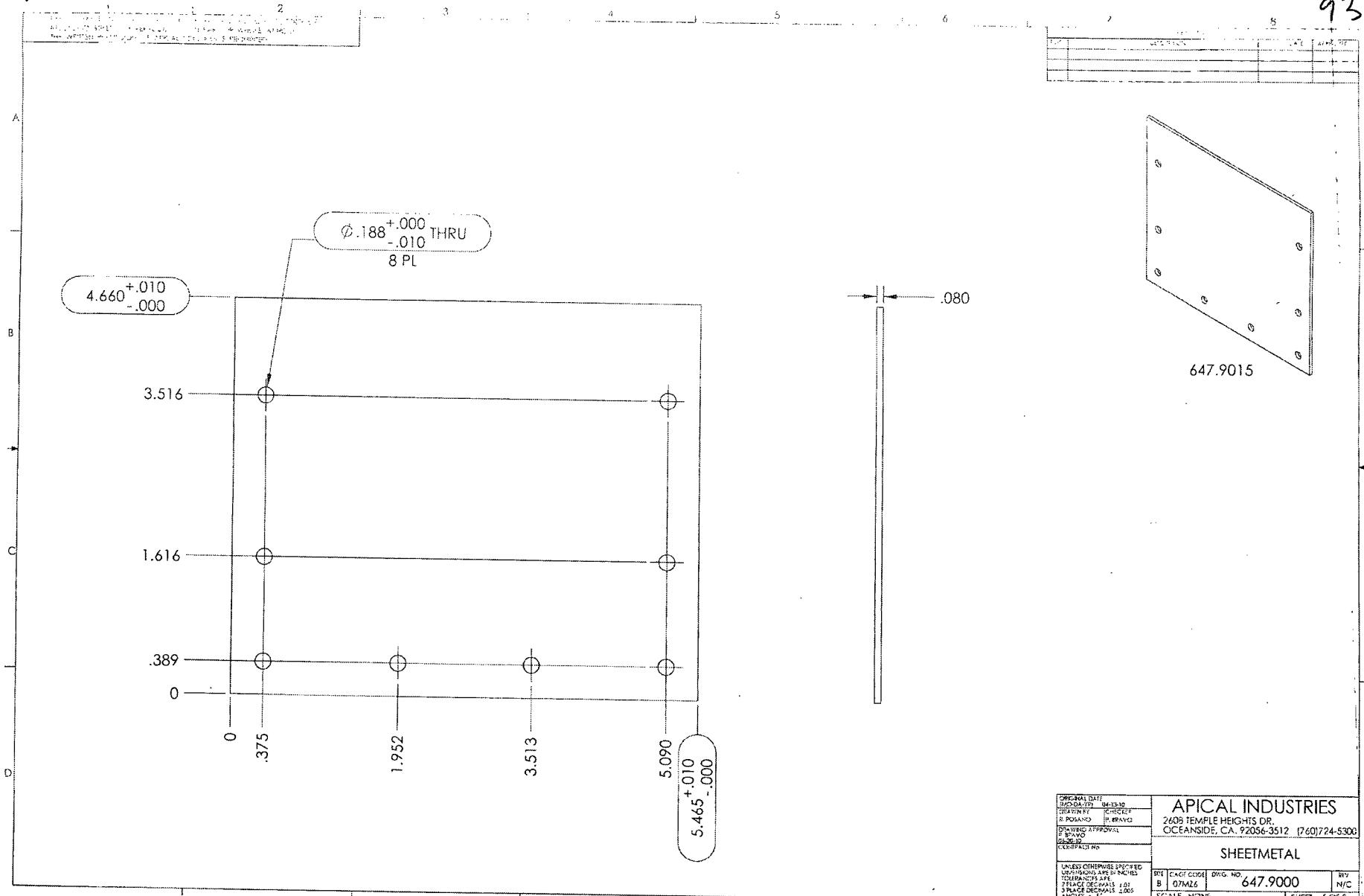


93209



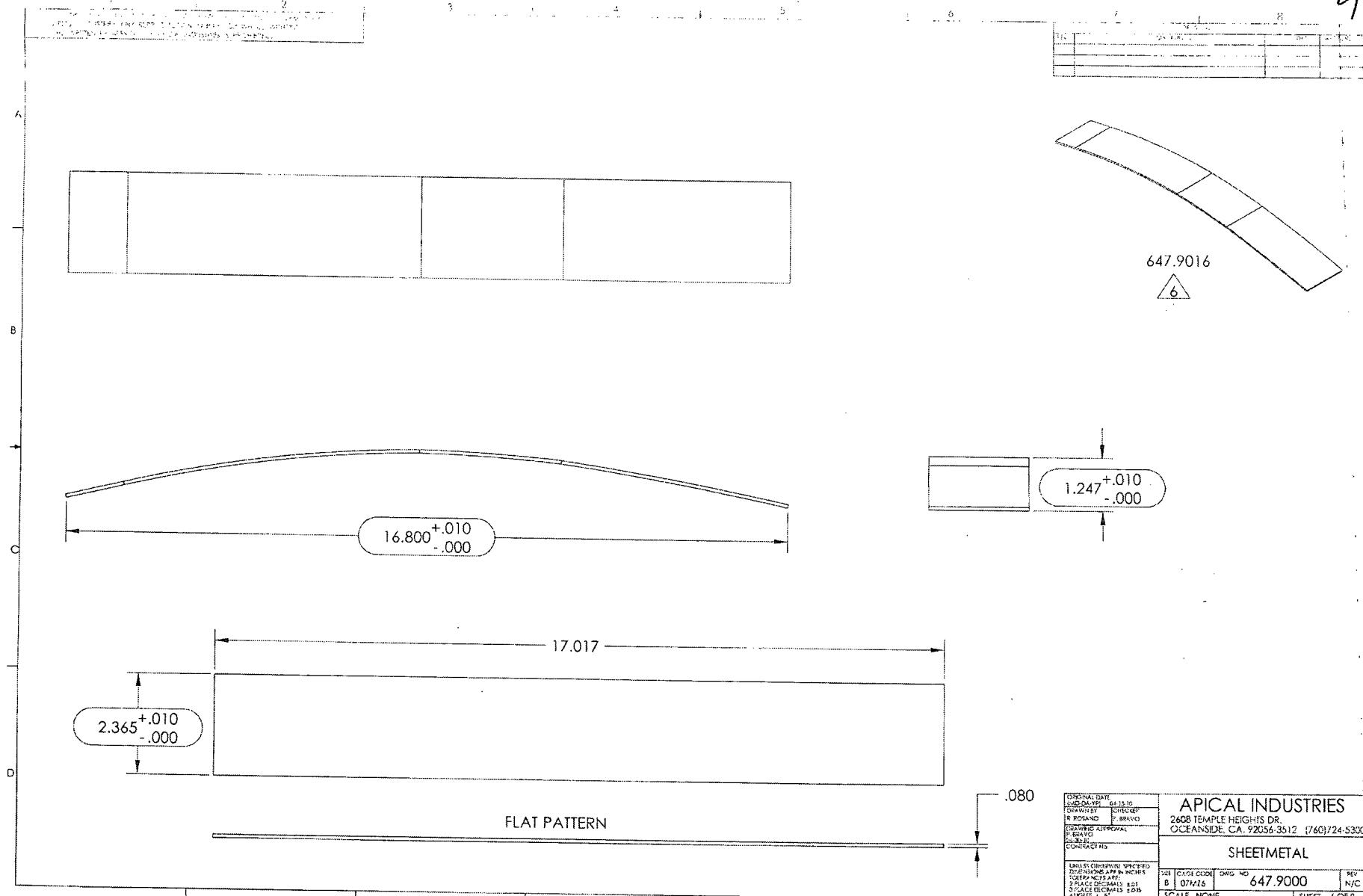
93209





ORIGINAL DATE 04-04-10	REV. 04-13-10
DRAWN BY R. H. BROWN	CHECKED H. BROWN
DESIGN APPROVAL B&V CO.	SCALE 1:1
C-CONTRACT NO.	
APICAL INDUSTRIES 2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
SHEETMETAL	
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS IN INCHES TOLERANCES ± .010 SURFACE DEGREASING 100° TEMPERATURE 65° ± 5° ANGLES ± 5°	
DATE 07/06/00	CAGE CODE B 07M6
DRG. NO. 647.9000	REV. N/C
SCALE NONE	SHEET 5 OF 9

93209



93209

1 2  
3 4 5 6 7  
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

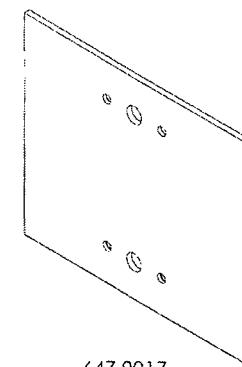
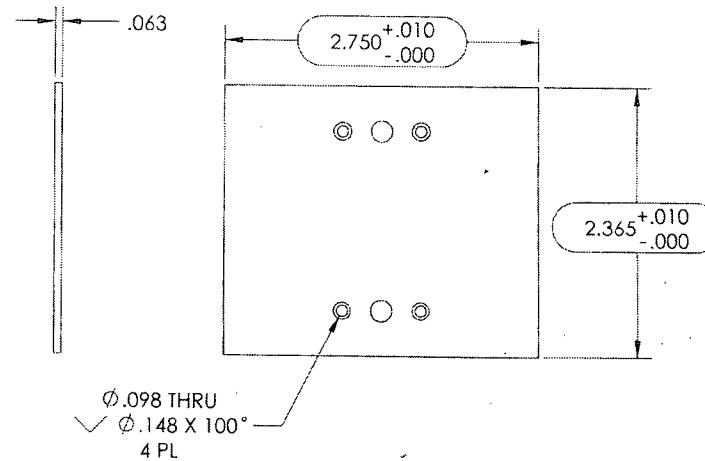
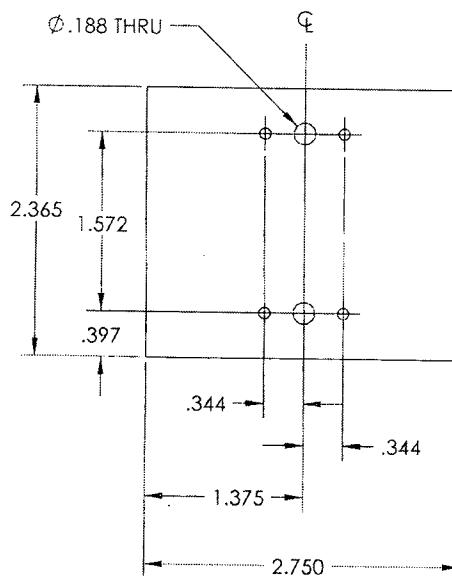
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A

B

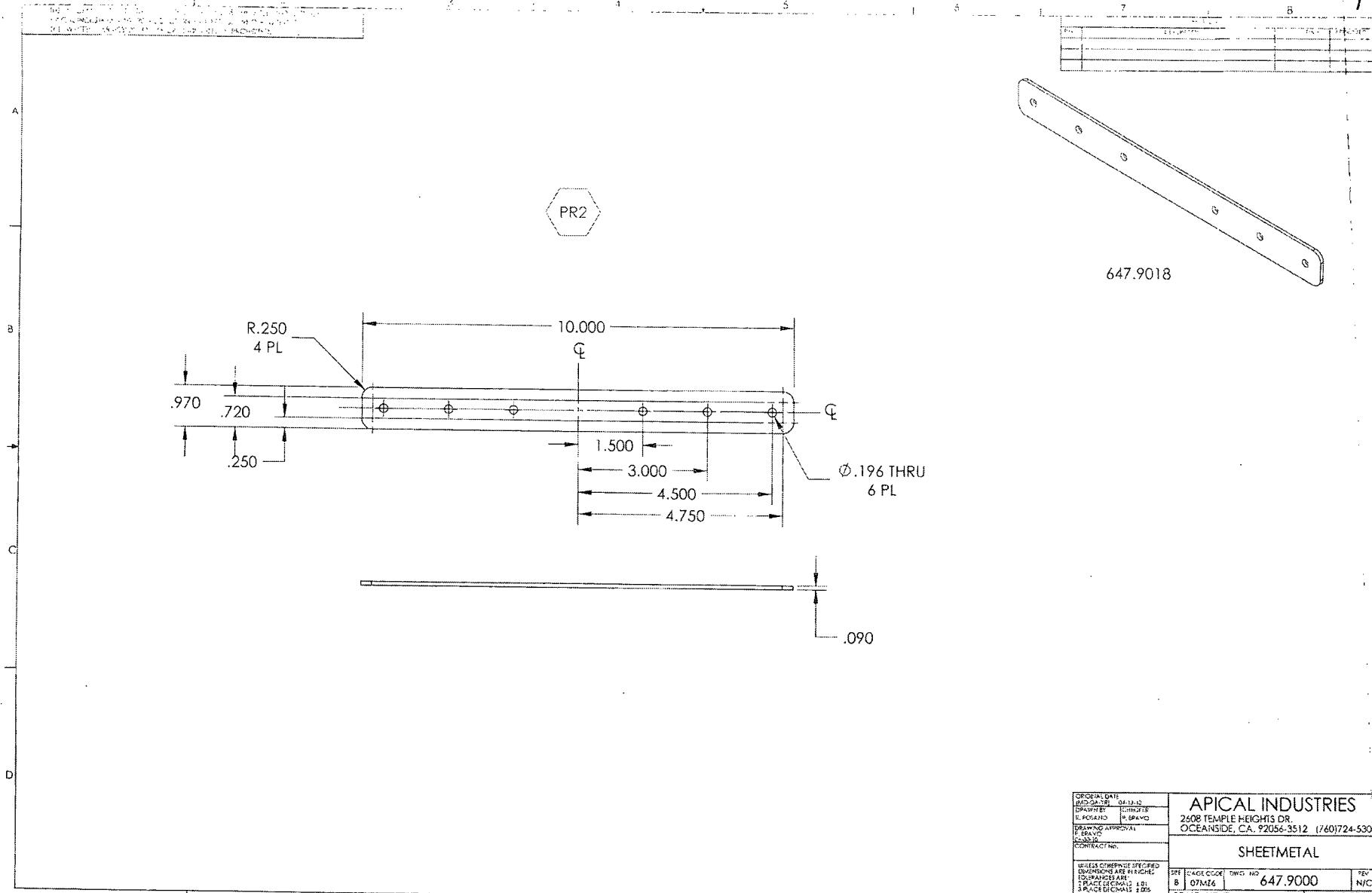
C

D



ORIGINAL DATE MARCH 19 2010	04-19-10
DRAWN BY P. LIZANDO	P. BRAVO
DRAWING APPROVAL P. BRAVO	P. BRAVO
CONTRACT NO.	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: +-.005 UNLESS OTHERWISE SPECIFIED SURFACE DECREASES 100' ANGLES ± 5°	
SPF CLASS CODE	OMG 1/2
8 07M16	647.9000
SCALE NONE	N/C
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5309	
SHEETMETAL	
SHEET 7 OF 9	

93209



93209

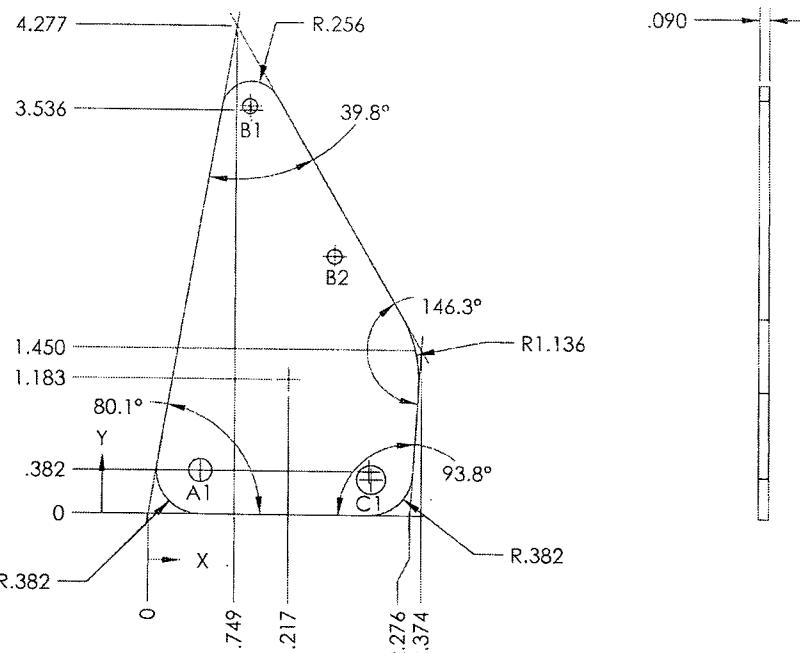
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1	2	3	4	5	6	7	8

A

PR2

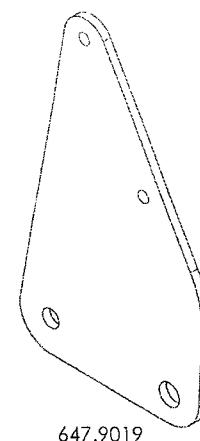
B



C

D

TAG	X LOC	Y LOC	SIZE
A1	.455	.382	Ø .201 THRU
B1	.867	3.573	Ø .130 THRU
B2	1.614	2.266	Ø .130 THRU
C1	1.939	.312	Ø .250 THRU



SIGNATURE DATE NOV-04-19	04-13-19
DRAWING NUMBER P-ROCK	P-184-C
DRAWING APPROVAL	
P-184-VIS	
DATE ISSUED	
CONTRACTOR	
LINES OTHERWISE SPECIFIED	
DIMENSIONS IN INCHES	
TOLERANCES ARE	
SQUARE EIGTHS AND	
SQUARE DECIMALS	
ANGLES ± 5°	
REV:	N/C
EXC/ECD	DWS: NO
8	647.9000
SCALE: NONE	SHEET 9 OF 9

APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

DART AEROSPACE LTD	Work Order:	93209
Description: <u>Pawlkey</u>	Part Number:	647-9017
Inspection Dwg: 647-9017 Rev: N/A		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	R	Audited by:	i5 99	Preliminary Approval:	
Date:	12-11-15	Date:	12/1/26	Date:	

<b>Rev</b>	<b>Date</b>	<b>Change</b>	<b>Revised by</b>	<b>Approved</b>
E	10.04.14	Added preliminary approval	KJ	

5120



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1	Part: ASST	Rev:
lot	24 PCS 647.2510 PASSIVATE PER QQ-P-35	
	1 PC 647.1613 12 PCS 647.1712 3 PCS 647.1810 40 PCS 647.1812 2 PCS 647.1813 1 PC 647.1816 20 PCS 646.3312 10 PCS 646.3714 40 PCS 646.3718 20 PCS 646.3811 6 PCS 647.7910 12 PCS 647.7912 6 PCS 647.7916 40 PCS 647.9012 10 PCS 647.9013 19 PCS 647.9016 30 PCS 647.9016 30 PCS 647.9017 60 PCS 647.9017	
	<i>116</i>	
	HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2	
	Job: 20130027	PO: PO18583
		Line:



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Description	Ship Via
Quantity	Description	Certificate of Conformance
		A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.
		ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY
DATE:	<u>14/1/13</u>	
CERTIFIED SIGNATURE:	<u>[Signature]</u>	
RECEIVER SIGNATURE:	<u> </u>	